HPP 2017 - 2022 Capability 2 Healthcare and Medical Response Coordination



Objective 1 - 3 with Activities

Objective 1: Develop and Coordinate Healthcare Organization and HCC Response Plans

Activity 1: Develop a Healthcare Organization Emergency Operations Plan (EOP) or Preparedness Plan

Each Healthcare Organization and HCC should have an EOP to address a wide range of emergencies and should detail the use of incident management

Required components of EOP/Preparedness Plan:

- Incorporate HCCs and associated members priorities for planning and coordination based on regional needs and gaps
- Leverage HCC members' existing facility preparedness plans as required by CMS Rule
- Developed by HCC leadership with input from HCC members/stakeholders
- Outline strategic/operational objectives for HCC as a whole/each member
- Include short-term-within year and longer, 3 5 year objectives
- Include recurring objective to develop and review HCC Response plan
- Inform training, exercise, and resource and supply management activities
- Include a checklist of HCC members' proposed activities, methods for members to report progress to HCC, processes to promote accountability

Activity 2: Develop a HCC Response Plan

HCC collaboration with the ESF-8 lead agency, should have a collective response plan that is informed by its members' individual plans. If the HCC serves as the ESF-8 lead agency, HCC response plan may be the same as the ESF-8 response plan.

HCC Response Plan should clearly outline:

- Individual HCC member organization and HCC contact information
 - Locations that may be used for multiagency coordination
 - Brief summary of each individual member's resources and responsibilities
 - Integration with appropriate ESF-8 lead agencies
 - Emergency activation thresholds and processes
 - Alert and notification procedures
 - Essential Elements of Information (EEIs) agreed to be shared, including information format (e.g. bed reporting, resource requests and allocation, patient distribution and tracking procedures, processes for keeping track of unidentified (John Doe) patients)
 - Communication/Information technology (IT) platforms and redundancies for information sharing

Response Plan Continued:

- Support and mutual aid agreements
- Evacuation and relocation processes
- Policies and processes for allocation of scarce resources and crisis standards of care* ("National Disaster Medical System: Federal Coordinating Center Guide" NDMS, April 2014)
- Additional HCC roles and responsibilities as determined by state/and local plans and agreements
- Activation and notification processes for initiating/implementing medical surge response coordination among members and other topics related to medical surge:

Such as:

- Strategies to implement if emergency overwhelms regional capacity or specialty care including trauma, burn, and pediatric capability
- Strategies for patient tracking
- Strategies for initial patient distribution (redistribution) across region, among local hospitals in the event a facility becomes overwhelmed
- Processes for joint decision making and engagement among HCC, HCC members, state and local public health agencies, and emergency management organizations to avoid crisis conditions based on proactive decisions about resource utilization

Objective 2: Utilize Information Sharing Procedures

Activity 1: Develop Information Sharing Procedures

HCC information sharing procedures as documented in the HCC Response Plan:

- Define methods, frequency, communication systems and platforms to share information
- Identify triggers that activate alert and notification processes
- Define the Essential Elements of Information (EEIs) that HCC members should report to HCC
- Identify platform and format for sharing each EEI
- Describe process to validate healthcare organization status and requests during emergency
- Define processes for functioning without electronic health records (EHRs)

Activity 2: Identify Information Access and Data Protection Procedures

— The HCC may coordinate with state and local authorities to identify information access and data protection procedures, including:

- Access to public and private systems
- Authorization to receive and share data
- Types of information that can be shared (e.g., EEIs)
- Data use and re-release parameters for sensitive information
- Data protections
- Legal, statutory, privacy, and intellectual property issues, as appropriate

Activity 3: Utilize Communications Systems and Platforms

The HCC should utilize existing primary and redundant communications systems and platforms-often provided by state government agencies-capable of sending EEIs to maintain situational awareness

- Identify reliable, resilient, interoperable, and redundant information/communication systems and platforms
- Use systems to coordinate information during emergencies/planned events
- Maintain ability to communicate among all HCC members, healthcare organizations, and the public (public safety answering points, emergency managers, public health agencies, skilled nursing facilities, long-term care, etc)
- Restore emergency communications quickly during disruptions through alternate communications methods
- Leverage communications abilities to health information exchanges (HIEs) and capabilities of EHR vendors where they exist

Objective 3: Coordinate Response Strategy, Resources, and Communications

The HCC should coordinate response strategies, track members' resource availability/needs, and clearly communicate information to HCC members, stakeholders, and ESF-8 lead agency. Should also provide coordinated, accurate, and timely information to healthcare providers and public

Activity 1: Identify and Coordinate Resource Needs during an Emergency

General principles when coordinating resources needs during emergencies:

- HCC members inform HCC of their operational status, actions taken, and resource needs
- Resource management should include logging, tracking, and vetting resource requests across the HCC and coordinate with ESF-8 agency

Coordinating Resource Needs Continued:

- Systems should track beds available by bed type (bed types are defined across the jurisdiction), resource requests, and resources shared between HCC members, from HCC-controlled or other resource caches
- HCC should work with distributors to understand and communicate which healthcare facilities receive prioritized deliveries of supplies and equipment (e.g., personal protective equipment-PPE) depending on their role in the emergency

See Capability 3, Objective 3, Activity 1 - Assess Supply Chain of Integrity

Activity 2: Coordinate Incident Action Planning During an Emergency

During an emergency or planned event, each heathcare organization should develop and Incident Action Plan (IAP) and utilize incident action planning cycles to identify and modify objectives and strategies. HCC should develop an IAP based on its individual HCC members' plans, with its own focus on planning cycles, objectives, and strategies. The HCC IAP should be integrated into the jurisdiction's IAP, via the ESF-8 lead agency. The IAP can address both response and recovery or a separate recovery plan may be developed in accordance with existing plans at the state and local level.

See Capability 3, Objective 7-Coordinate Healthcare Delivery System Recovery

Activity 3: Communicate with Healthcare Providers, Non-clinical Staff, Patients, and Visitors during an Emergency

Sharing accurate and timely information is critical during an emergency. Healthcare organizations should have ability to rapidly alert and notify their employees, patients, and visitors to update them on the situation, protect their health and safety, and facilitate provider-to-provider communication.

See Capability 3, Objective 5-Protect Responders' Safety and Health

HCC in coordination with its public health agency members, should develop processes and procedures to rapidly acquire and share clinical knowledge among healthcare providers and healthcare organizations during responses to a variety of emergencies (e.g., chemical, biological, radiological, nuclear, or explosive (CBRNE), trauma, burn, pediatric, or highly infectious disease)

Activity 4: Communicate with the Public during an Emergency

HCC members should coordinate relevant healthcare information with the community's Joint Information System (JIS) to ensure information is accurate, consistent, linguistically and culturally appropriate, and disseminated to the community using one voice. Example of coordinated information to share:

- Current healthcare facility operating status
- When and where to seek care
- Alternate care site locations
- Screening or intervention sites
- Expected health and behavioral health effects related to the emergency
- Information to facilitate reunification of families
- Other relevant healthcare guidance, including preventive strategies for the public's health

Need More information?

Contact: Carolyn Elliott, Healthcare Coalition Coordinator

Colorado Department of Public Health and Environment-Office of Emergency Response and Preparedness

Email: carolyn.elliott@state.co.us

Phone: 303-692-3020 Office

720-591-8652 Cell

